BIRTH MO	FILEB JU	L 24 1956	STANDA	ARD CERTIF	ICATE OF DEA	 \TH	State Fr	244 No.	151
a. COUNTY MISSISSIDDI  b. CITY (dt outside corpuste limits, write RURAL and drive for watching)  c. LENGTH OF COUNTY (1 outside corpuste limits, write RURAL and drive for watching)  d. FULL NAME OF (dt out is beoghtal or Inadvisulos, dive street addrise or location)  d. FULL NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  HOME  3. NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  HOME  3. NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  HOME  3. NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  HOME  3. NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  HOME  3. NAME OF (dt out is beoghtal or Inadvisulos, dive street address or location)  NAME OF (dt outs)  HOME  4. DATE (Month) (Day) (Y Only (Y	S. 14.		_ REG. DIST. P	10. 211	PRIMARY REG. DIST.	NO. <u>57</u>	2.5		45
TOWN R. F. D. # 1 Bertrand  of Fills MAME OF (if use to brogstal or institution, gire street address or location)  HOSPITA ON  NOTIFICATION  N	- COUNTY		.4		I a STATE		b, COUN	i. V iontitution TY Wing spin	on: residence admi-
d. FULL NAME OF (if and in biografial or inastruction, give street address or location) HOSPITAL OF DECEMBER OF A. (First)  3. NAME OF A. (First) DICEASED Type of Print)  3. NAME OF A. (First) DICEASED Type of Print) AMMA: DICEASED DICEASED Type of Print) DICEASED Type of Print) DICEASED Type of Print) AMMA: DICEASED Type of Print) DICEASED Type of Typ	b. CITY (If outside o	corporate limits, write R	tURAL and give township)		c. CITY (If outside corp	orate limits, w	me RURAL ESS	EJAS COMUNETD)	ر <u>اره ا</u> دراره
3. NAME OF DECEASED A. (First) DECEASED DECEASED OF CHYPRO OF PHIN) DECEASED OF CHYPRO OF PHIN DECEASED OF CHYPRO OF CHYPRO OF PHIN DECEASED OF CHYPRO OF CHYPRO OF PHIN DECEASED OF CHYPRO OF C	d. FULL NAME OF HOSPITAL OR	· · · · · · · · · · · · · · · · · · ·		address or focation)	d. STREET ADDRESS	(If rural, giv	e location)		<u> </u>
Delilah  Vandool  Death July 2, 1956  S. SEX  O. COLOR OR RACE  T. MARRIED. NEVER MARRIED.  Famale  White  White  Whore States of States	3. NAME OF		b.	(Middle)	·				
Famale   White   Wide   Martie   Genetist   Martie   Genetist		Anna '	De]	lilah	Vanpoo <b>1</b>		OF _ `_	. '.	1956
COUNTRY HOUSEWITE Self PLANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE   WI 1DUMN THOMOSON   Geneva Lileyd   G	2 II II		WIDOWED, DI	IVORCED (Specify)	1	i i	last birthday)	IF UNDER 1 YEA Months   Day	R IF UNDER & Hours
13b. MOTHER'S MANE   13b. MOTHER'S MAIDEN NAME   14. NAME OF HUSBAND OR WIFE	done during most of work	ging life, even if retired)	•	DUSTRY		<del>-</del>		/ I 🛚	DUNTRY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Otha Vandoor) (If yes, sive war or dates of service) 17. INFORMANT'S SIGNATURE OR NAME OCCURTY NO. Otha Vandool Rfd. #1 Bertrand, Mo. otha Vandool Research Research Roll Research Researc			<del></del>	·····	<del> </del>		<del></del>		
(Yes. no. 9 unknown) (II yes. sive war or dates of service) NO. Otha Vamoool Rfd. #1 Bertrand, Mo.  18. CAUSE OF DEATH Enter only one cause of the mode of dring, such as heart feiture, authenia fee. In means the disease or conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  ANTECEDENT CAUSES  Morbid conditions, if any, giving DUE TO (b)  II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or conditions cousing death.  19a. DATE OF OPERA.  TION  21b. MAJOR FINDINGS OF OPERATION  21c. ACCIDENT SUICIDE  SUICIDE  HOMICIDE  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY (e.g., in or about OF INJURY) (COUNTY) (STATE WORK)  21d. TIME (Month) (Day) (Year) (Hour) 21c. INJURY OCCURRED WHILE AT WORK AY WORK	<del></del>								
Interval be considered to the disease or conditions of peration   Due to	(Yee, no, og unknown) (						,		ADDRE
19a. DATE OF OPERATION  19b. MAJOR FINDINGS OF OPERATION  21a. ACCIDENT SUICIDE HOMICIDE  10b. Major Findings of Operation  21a. Time (Month) (Day) (Year) (Hour) (Day) (Year) (Hour) (Day) (Year) (Hour) (Hour) (Hour) (Day) (Year) (Hour) (Hour) (Day) (Year) (Hour) (Hour) (Year) (Y	the mode of dying, such as heart failure, asthenia, etc. It means the dis- ease, injury, or complica-	Morbid condition- rise to the above co- the underlying can  II. OTHER SIGNII Conditions contril	s, if any, giving Diause (a) stating use last.  Display the condition of the condition of the death between the death be	JE TO (DE TO)	riosele	carle rous	-hyp	repeate return	- /4
21a. ACCIDENT SUICIDE HOMICIDE  (Boedly)  21b. PLACE OF INJURY (e.g., in or about SUICIDE HOMICIDE  (Month)  (Day)  (Year)  (Hour)  (Day)  (Year)  (Hour)  (Ho	19a. DATE OF OPERA- TION	19b. MAJOR FINI			• (1)	<u> </u>	420	1 [	
WHILE AT WORK  22. I hereby certify that I attended the deceased from alive on 2, 19. and that death occurred at 19. and the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  24a. BURIAL. CREMA- 24b. DATE  100. REMOVAL (Specify)  100. SUPPORT  101. ATMOR  24b. DATE  24c. NAME OF CEMETERY OR CREMATORY  100. SUPPORT  100. SUPPORT	21a. ACCIDENT SUICIDE HOMICIDE				Zic. (CITY, TOWN, OR T	TOWNSHIP)		NTY)	YES
alive on 2, 19.5 Gand that death occurred at P.30 m., from the causes and on the date stated above.  23a. SIGNATURE  (Degree or title)  23b. ADDRESS  24c. DATE SIGNATURE  24c. NAME OF CEMETERY OR CREMATORY  24d. LOCATION (City, town, or county)  (SET 100, REMOVAL (Specify)  30 DOCWOOD MISS. MISSOURI  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE  ADDRESS	OF	i) (Day) (Year) (	WHILE AT	NOTWHILE	211. HOW DID INJURY	OCCUR?			
24s. BURIAL, CREMA- 24b. DATE 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (St. BURIAL 17/4/56 Armor Docwood Miss. Missouri DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	- · · · · · · · · · · · · · · · · · · ·	<i>11</i>		/ /	P:30 m., from th				
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	1.P-	Eccton		o, , <sup>2</sup>	t cely	rat	1, 2	46 7	Hal
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. BURIAL, CREM TION, REMOVAL (Special BURIAL	A- 246, DATE 57/4/56	1.		· //:	,	_		eouri
	DATE REC'D BY LOCA						MATURE		

RECEIVED Miss. Co. Health, Dept County File NoJUL Date Filed JUL

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this	certificate was embalmed by me, or by
<u></u>	Student Embalmer No
working under my personal supervision.	

Student Embalmer

P. O. Address Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.